PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10625383

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			30		and the			RATE	FEE	[RATE	FEE
FOR			NUMBER FILED		NUMBE	ER EXTRA	ВА	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			<i>3</i> 0 minus 20= ³		*/0			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			₩ minus 3 = * '		* 1			X42=		OR	X84=	8/1
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero					r "0" in c	olumn 2	L	OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	S	SMALL ENTITY			SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	ASSESSMENT	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM	0	+	-140=		OR	+280=	
							ل ــــ	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								DII. 1 LL .	٠		ADDII. 1 EE	
AMENDMENT B	maapt.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=)	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	E OL AIRA	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NIATION OF MI	JLIIPLE DEP	ENDEN	CLAIM		+	-140=		OR	+280=	- · · · · · · · · · · · · · · · · · · ·
							Δ	TOTAL DIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)	•	(Colu	mn 2)	(Column 3)		D(1. 1 LL -			ADDI1.1 EE	
AMENDMENT C	2020.12	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST BBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	X\$ 9=		ΟŔ	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AINA	=	;	X42=		OR	X84=	
	I I I I I I I I I I I I I I I I I I I	INTATION OF M	OLITE DEF	ENDEN	CLAIN		│	·140=	_	OR	+280=	
		mn 1 is less than t mber Previously P					<u> </u>	TOTAL		OB.	TOTAL	
	If the "Highest Nu	mber Previously P mber Previously Pa nber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."	AUI	DIT. FEE L in the app	ropriate box	'	ADDIT. FEE lumn 1.	<u> </u>